

# AMENDMENT TRANSMITTAL LETTER

Docket No.  
C0989.70054US00

Application No.  
10/622,076-Conf. #1842

Filing Date  
July 17, 2003

Examiner  
Angela Marie Bertagna

Art Unit  
1637

Applicant(s): Rudolf Gilmanshin

Invention: METHODS AND COMPOSITIONS FOR ANALYZING POLYMERS USING CHIMERIC TAGS

## TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an Amendment, Fee Transmittal, Extension of Time, and Return Receipt Postcard in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	38	- 53 =		x	
Independent Claims	7	- 7 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					510.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					510.00

☐ Large Entity

☒ Small Entity

☐ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. 23/2825 in the amount of \$                     .  
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 510.00 to cover the extension filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 23/2825 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: November 30, 2006

Maria A. Trevisan  
Attorney/Agent Reg. No.: 48,207

WOLF, GREENFIELD & SACKS, P.C.  
Federal Reserve Plaza  
600 Atlantic Avenue  
Boston, Massachusetts 02210-2206  
(617) 646-8000

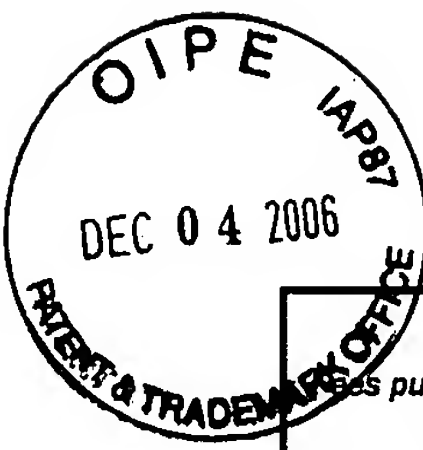
### Certificate of Mailing Under 37 CFR 1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 11/30/06

Signature:

0



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
As pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**

☒ Applicant claims small entity status. See 37 CFR 1.27

**Complete if Known**

Application Number

10/622,076-Conf. #1842

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July 17, 2003

First Named Inventor

Rudolf Gilmanshin

Examiner Name

Angela Marie Bertagna

Art Unit

1637

Attorney Docket No.

C0989.70054US00

TOTAL AMOUNT OF PAYMENT

(\$)

510.00

**METHOD OF PAYMENT** (check all that apply)

☒ Check

☐ Credit Card

☐ Money Order

☐ None

☐ Other (please identify):

☐ Deposit Account

Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
	Each claim over 20 (including Reissues)	50
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 20 = x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 = x =

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2253 Extension for response within third month	510.00

**SUBMITTED BY**

Signature

Registration No. (Attorney/Agent)

48,207

Telephone (617) 46-8000

Name (Print/Type)

Maria A. Trevisan

Date

November 30, 2006

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